

# APPLICATION FOR EMPLOYMENT

CURRITUCK COUNTY  
NORTH CAROLINA

Date of Application \_\_\_\_\_

Please Print or Type Return To: Personnel Dept., 153 Courthouse Road, Suite 102, Currituck, NC 27929

Last Name		First Name		Middle Name	
Address (Street number and name)			City		County
State	Zip Code	Phone ( ) ( ) ( )	(Home)	( ) ( ) ( )	(Cell)
					Business Phone ( ) ( ) ( )

**Availability**  
 Do you now work for Currituck County? Are you related by blood or marriage to any person now working for Currituck County?  YES  NO  
 (If yes, give name, relationship to you and the agency where employed.) \_\_\_\_\_  
 If subject to Military Selective Service registration, certify compliance by initialing dotted line: .....

**Military Service**  
 Are you a member of the Military Reserves:  YES  NO Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

**E-mail Address**  
 \_\_\_\_\_

CHECK the types of work you will accept:  1. Permanent full-time  2. Permanent part-time  3. Temporary full-time  
 4. Temporary part-time  5. Any of the preceding  6. Work involving travel  7. Shift or split shift work  
 If you are not available for work now, enter the earliest date you could begin work (mo./day/yr.) \_\_\_\_\_

**Job Applied For**  
 Enter below the specific title of the job for which you are applying.  
 \_\_\_\_\_

How did you learn about this position? Personnel Office \_\_\_\_\_; Newspaper ad \_\_\_\_\_; job vacancy announcement \_\_\_\_\_;  
 Employment Security Commission \_\_\_\_\_; Other \_\_\_\_\_.

**Education**  
 Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4  
 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Graduate?		S/Q Hrs.	Maj/Min Course Work	Type of Degree Received
High School		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
College(s) University(ies)		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
College(s) University(ies)		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Graduate or Professional		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Other educational, vocational schools, internships, etc.		YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Special training programs and seminars you have completed in the last five years (List):  
 \_\_\_\_\_  
 \_\_\_\_\_

If the jobs(s) applied for calls for specific courses, indicate those courses taken and credits received:  
 \_\_\_\_\_  
 Current professional status: (List fields of work for which you have been registered)  
 Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_  
 Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Membership in professional, honorary, or technical societies (List):  
 \_\_\_\_\_  
 \_\_\_\_\_

**DO NOT COMPLETE THIS BLOCK**

**DEGREES AND PROFESSIONAL CREDENTIALS**

Have been verified  
 Will be verified within 90 days (G.S. 126-30)  
 Person responsible \_\_\_\_\_



# CURRITUCK COUNTY

Last Name
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An Equal Opportunity/Affirmative Action Employer

<b>Employer:</b>			Address:		
Job Title		Supervisor's name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		
Date Separated (mo/yr)		List major duties in order of their importance in the job: _____			
Full Time	Years	Months	_____		
Part Time	Years	Months	_____		
If part time, hours per week:		_____			

<b>Employer:</b>			Address:		
Job Title		Supervisor's name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		
Date Separated (mo/yr)		List major duties in order of their importance in the job: _____			
Full Time	Years	Months	_____		
Part Time	Years	Months	_____		
If part time, hours per week:		_____			

<b>Employer:</b>			Address:		
Job Title		Supervisor's name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		
Date Separated (mo/yr)		List major duties in order of their importance in the job: _____			
Full Time	Years	Months	_____		
Part Time	Years	Months	_____		
If part time, hours per week:		_____			

<b>References:</b>			
Name:		Telephone Number:	Email Address:
Address:			
Name:		Telephone Number:	Email Address:
Address:			
Name:		Telephone Number:	Email Address:
Address:			

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1).

Signature of Applicant (unsigned applications will not be processed) \_\_\_\_\_ Date \_\_\_\_\_